POSITION	INITIALS	IF NO.	DATE
FEE DETERMINATION	NUR		09-05-01
O.I.P.E. CLASSIFIER			1/30
FORMALITY REVIEW	TL	1/41	10/16/01
RESPONSE FORMALITY REVIEW	CC	1114	

INDEX OF CLAIMS

✔	.... Rejected		N	.... Non-elected
=	.... Allowed		I	.... Interference
—	(Through numeral)... Canceled		A	.... Appeal
÷	.... Restricted		O	.... Objected

Claim		Date		Claim		Date		Claim		Date
Final	Original			Final	Original			Final	Original	
					51				101	
					52				102	
					53				103	
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	29				79				129	
	30				80				130	
	31				81				131	
	32				82				132	
	33				83				133	
	34				84				134	
	35				85				135	
	36				86				136	
	37				87				137	
	38				88				138	
	39				89				139	
	40				90				140	
	41				91				141	
	42				92				142	
	43				93				143	
	44				94				144	
	45				95				145	
	46				96				146	
	47				97				147	
	48				98				148	
	49				99				149	
	50				100				150	

If more than 150 claims or 10 actions
staple additional sheet here

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